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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

09/661696

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	BEFORE		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2												
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49												
50												
Total	4											
Indep												
Depend	45											
Total	49											
Claims												

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